PATENT APPLICATION FEE DETERMINATION RECORD

plication or Docket Number

| Effective October 1, 2000   |  |   |   |  |                       |                  |       |                   | 7                      |    | P-32                       | 884                    |
|---|--|---|---|--|-----------------------|------------------|-------|-------------------|------------------------|----|----------------------------|------------------------|
| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |   |  |                       | mn 2)            |       | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | .3/                                     |  |                       |                  | RA    | ΓE                | FEE                    | 1  | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                            |  | NUMBER EXTRA          |                  | BASIC | FEE               | 355.00                 | OR | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | _3 / minus 20=                          |  | - 11                  |                  | X\$   | 9=                |                        | OR | X\$18=                     | 198                    |
| INDEPENDENT CLAIMS  |  |   | ∫ minus 3 =                             |  | 2                     |                  | X4    | )=                |                        | OR | X80=                       | 160                    |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI   | RESENT                                  |  |                       |                  | +135= |                   |                        | OR | +270=                      | 7.1010                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |   |  |                       |                  | TOI   | AL                |                        | OR | TOTAL                      | 1068                   |
| CLAIMS AS AMENDED - PART II   |  |   |   |  |                       |                  |       |                   |                        | •  | OTHER                      | THAN                   |
|   |  | (Column 1)<br>CLAIMS                                    | 1                                       | (Colur<br>HIGH                         |                       | (Column 3)       | SM    | \LL               | ENTITY                 | OR | SMALL                      |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT                         |   | NUM<br>PREVIO<br>PAID                  | BER<br>OUSLY          | PRESENŢ<br>EXTRA | RA    | ΓE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                   | **                                     |                       | =                | X\$   | 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | endent + Minus + ***  PRESENTATION OF MULTIPLE DEPENDEN |   |  | F.CL AIM              |                  | X4    | )=                |                        | OR | X80=                       |                        |
| <b>L</b>  | PIRST PRESENTATION OF MOLTIFLE                       |   |   | CINDEIN                                | CLAIM                 |                  | +13   | 5=                |                        | OR | +270=                      |                        |
|   |  |   |   |  |                       |                  |       | OTAL              |                        | OR | TOTAL<br>ADDIT, FEE        |                        |
|   |  | ADDIT.  | FEE                                     |  | 1                     | ADDII. FEC       |       |                   |                        |    |                            |                        |
| AMENDMENT B   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT             |   | (Colui<br>High<br>NUM<br>PREVI<br>PAID | HEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA | RA    | ſΈ                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                   | **                                     |                       | =                | X\$   | 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | *   | Minus ***  I OF MULTIPLE DEPENDENT CLA  |  | CL AIM                |                  | X40   | )=                |                        | OR | X80=                       |                        |
| <u>.</u>  | PIRST PRESE  | NIATION OF M  | LITLE DEPENDENT                         |  | CLAIM                 |                  | +13   | 5=                |                        | OR | +270=                      |                        |
|   |  |   |   |  |                       |                  |       | TAL<br>FEE        |                        | OR | TOTAL<br>ADDIT. FEE        |                        |
|   | (Column 1) (Column 2) (Column 3)                     |   |   |  |                       |                  |       |                   |                        |    |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT               |   | HIGH<br>NUM<br>PREVIO<br>PAID          | BER<br>OUSLY          | PRESENT<br>EXTRA | RAT   | Έ                 | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                   | **                                     | -                     | =                | X\$ : | 9=                |                        | OR | X\$18=                     |                        |
|   | Independent  | *   | Minus                                   | ***                                    | T OL AIRA             | =                | X40   | )=                |                        | OR | X80=                       |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= |   |   |  |                       |                  |       |                   |                        | OR | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |   |  |                       |                  |       |                   |                        |    | TOTAL                      |                        |
|   |  |   |   |  |                       |                  |       |                   |                        |    | ADDIT. FEE                 |                        |
|   |  |   | , |  | .,                    |                  |       |                   |                        |    | •                          |                        |